

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12	1					
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19	1					
20		3				
21		3				
22	1					
23		1				
24		1				
25		1				
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41		1				
42		1				
43		1				
44		1				
45	1					
46		1				
47		1				
48	1					
49						
50						
TOTAL IND.	9					
TOTAL DEP.	43					
TOTAL CLAIMS	52					

	A		B		C	
	IND	DEP	IND	DEP	IND	DEP
51						
52						
53						
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						